



201 Melby Street • Westby, Wisconsin 54667 • Phone: 608-634-3104 • FAX: 608-634-3134 • {HYPERLINK "http://www.Couleecap.org" }

Authorization For Release/Exchange of Information

This release of information contains my signed authorization to allow any and all parties listed below to share information otherwise considered confidential:

Dept. of Social Services	WHEDA or other Funding Sources
Any/all Potential Lenders	JOBS/W2/AFDC/FSET/FS Caseworkers
Any/all Business Development Professionals	Prospective Purchasers of Products/Services
Other Couleecap Service Programs Staff Members	Division of Vocational Rehabilitation-DVR
Potential Grant Funding Sources	Technical Specialist
Wisconsin Community Action Program Association and other Community Action Programs	
Other: _____	

Restrictions, if any: _____

I understand that data which may be shared includes, but is not limited to, personal, financial, and business information. I further understand that the purpose of this exchange will be used to provide the services I need/desire and will be used to assist in the development of my business and evaluate my eligibility for the Job and Business Developing Program. I further understand that this release may be revoked by me at any time by giving written notice. Unless revoked earlier this release/exchange expires one year from the date below.

Customer Name (please print)

Social Security Number

Customer Signature

Date